

TRANSMITTAL FORM

Application Serial Number	10/569,510
Filing Date	July 24, 2006
First Named Inventor	Hans Sigrist
Group Art Unit	1786
Examiner Name	Jennifer A. Chriss
Attorney Docket No.	62130-0036
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copy of IDS

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<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
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<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Change Of Correspondence Address

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Issue Fee Transmittal Form PTOL-85

<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application
<input type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input type="checkbox"/> Return Receipt Postcard

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<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)

<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address |
|--|---|---|

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Respectfully submitted,

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